



City of Milwaukee Fiscal Impact Statement

A	Date	<u>12/3/2021</u>	File Number	<u>211229</u>	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject	<u>Communication from the Department of Employee Relations amending the Salary and Positions Ordinances relative to clerical or administrative corrections..</u>				

B	Submitted By (Name/Title/Dept./Ext.)	<u>Sarah Trotter / Human Resources Representative / Employee Relations / x2398</u>
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C	<p>This File</p> <p><input type="checkbox"/> Increases or decreases previously authorized expenditures.</p> <p><input type="checkbox"/> Suspends expenditure authority.</p> <p><input type="checkbox"/> Increases or decreases city services.</p> <p><input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability.</p> <p><input type="checkbox"/> Increases or decreases revenue.</p> <p><input checked="" type="checkbox"/> Requests an amendment to the salary or positions ordinance.</p> <p><input type="checkbox"/> Authorizes borrowing and related debt service.</p> <p><input type="checkbox"/> Authorizes contingent borrowing (authority only).</p> <p><input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget.</p>
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D	<p>Charge To</p> <p><input type="checkbox"/> Department Account</p> <p><input type="checkbox"/> Capital Projects Fund</p> <p><input type="checkbox"/> Debt Service</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> Contingent Fund</p> <p><input type="checkbox"/> Special Purpose Accounts</p> <p><input type="checkbox"/> Grant & Aid Accounts</p>
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E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages		\$0.00	\$0.00
			\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
			\$0.00	\$0.00
	TOTALS		\$ 0.00	\$ 0.00

F**Assumptions used in arriving at fiscal estimate.**Not applicable as this file is regarding administrative corrections and changes for consistency.
_____**G****For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.** 1-3 Years 3-5 Years 1-3 Years 3-5 Years 1-3 Years 3-5 Years

H**List any costs not included in Sections D and E above.**

I**Additional information.**

J**This Note** **Was requested by committee chair.**